

Entered - 8-14-01 - sb
CL - 01L0508 ALEXIS HOLMES

01-*ℓ* -1384

CLAIM OF: **STEPHEN J. HEADDEN**
2501 Wild Flower Court
Acworth, Georgia 30101

For damages alleged to have been sustained as a result of a vehicular accident on May 18, 2001 at West Peachtree and Tenth Streets.

BY PUBLIC SAFETY AND
LEGAL ADMINISTRATION COMMITTEE:

BE IT RESOLVED by the Council of the City of Atlanta that the action of the Department of Law be approved in authorizing payment to **STEPHEN J. HEADDEN** the sum of **\$515.49** in full settlement and satisfaction of all claims, past, present and future, of every kind and character **for damages alleged to have been sustained as a result of a vehicular accident on May 18, 2001 at West Peachtree and Tenth Streets** as is more particularly set forth in the within claim; said sum taken from and charged to account 1A01/529017/T31001, Settlement of Suits and Claims, Department of Law.

APPROVED: SUSAN PEASE LANGFORD
CITY ATTORNEY

BY: 
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 01L0508

Date: 8/16/01

Claimant /Victim STEPHEN J. HEADDEN

BY: (Atty)(Ins.) _____

Address: 2501 Wild Flower Court Acworth, Georgia

Subrogation _____ Claim for Property damage \$ 566.52 Bodily Injury \$ _____

Date of Notice: 8/8/01 Method: Written, proper X Improper _____

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X

Date of Occurrence 5/18/01 Place: West Peachtree Street and Tenth Street

Department Police Division: Field Operations Division

Employee involved Officer Michael Mozgawa Disciplinary Action: Pending

NATURE OF CLAIM: The driver of the City vehicle sideswiped the claimant's vehicle while attempting to pass same.

INVESTIGATION:

Statements: City employee _____ Claimant _____ Other X Written _____ Oral X

Pictures _____ Diagrams X Reports: Police X Dept Report _____ Other _____

Traffic citations issued: City Driver _____ Claimant Driver _____

Citation disposition: City Driver _____ Claimant Driver _____

BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial _____

Improper Notice _____ More than Six Months _____ Other _____ Damages reasonable _____

City not involved _____ Offer rejected _____ Compromise settlement X

Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____

Claimant Negligent _____ City Negligent X Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR - ALEXIS HOLMES

RECOMMENDATION:

Pay \$ 515.49 Adverse _____ Account charged: 1A01 X 2J01 _____ 2H01 _____

Claims Manager:  Concur/date 08-17-01

Committee Action: _____ Council Action _____

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK
City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date: 8 Aug 01

Holmes
08/08/01

Dear Municipal Clerk:

ENTERED - 8-14-01 - SB
0110508 - ALEXIS HOLMES

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 566.52 property and/or \$ 0 bodily injury for which I contend the City is liable.

1. Date of incident: 05/18/01 (month/day/year) 2. Time of Incident: App 12 Midnight 3. Police called: X Yes No

4. Location of incident (including street address): W. Peachtree St & 10th St.

5. Name of your insurance company: Progressive Policy No. 35994837-1

6. State what and how incident occurred: I was sitting at a red light and an officer on a call tried to pass by jumping the curb and bounced off the curb into my car.

7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: Ford 98 579 Add Stephen Headden
(Make) (Year) (Tag Number) (Driver's Name)

City vehicle: Patrol car City of Atlanta Police
(Make) (City Driver's Name) (Department/Bureau)

9. Witness: Marie Headden 2501 Wildflower CT Acworth GA 770-529-4446
(Name) (Address) (Telephone Number)

10. The acknowledgment of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Signature of Claimant

Stephen J Headden
(Print Claimant's Name)

2501 Wild Flower CT
(Address)

Acworth GA 30101
(City, State and Zip Code)

770-265-1909
(Work Number)

770-529-4446
(Home Number)

01-R-1384